



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo, and Mono Counties
515 N ARROWHEAD AVENUE
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

MICN APPLICATION FOR RECERTIFICATION OR INACTIVE STATUS

PRINT OR TYPE - ALL ITEMS MUST BE COMPLETED

Legal Name: _____
Last First Middle Sex (M/F)
Address: _____
Number & Street City State Zip
Phone#: _____ Date of Birth: _____
Drivers
License #: _____ SSN #: _____
Current
Employer: _____ ACTIVE/INACTIVE: _____
(Indicate Choice)

Submit copies (front & back) and list expiration dates for the following:

RN License #: _____ Exp Date: _____
ACLS Exp. Date: _____
ICEMA MICN #: _____ Exp Date: _____
Certified in a different name: _____

DOCUMENTATION OF EMPLOYMENT AS AN MICN
TO BE COMPLETED BY A DESIGNATED BASE HOSPITAL WITHIN THE ICEMA REGION

I Verify that _____, RN License # _____ is currently/or will be employed
at this facility as an MICN.

Facility Name Authorized Signature/Title Print Name Date

I hereby certify that the information listed is true and correct and that I am eligible for certification and am not precluded from certification for reasons defined in Section 1798.200 of the Health & Safety Code. I understand that any fraudulent entry on this application may be considered cause for denial or subsequent revocation of my certification. I hereby authorize ICEMA to verify any and all information contained herein and authorize release of any and all information as deemed relevant to the certification process and subsequent testing to my employer and/or assigned Base Hospital. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above.

Date Signature

THERE IS NO FEE REQUIRED FOR MICN RECERTIFICATION OR MICN INACTIVE STATUS

DOCUMENT CE REQUIREMENTS HERE FOR EITHER MICN RECERTIFICATION OR MICN INACTIVE STATUS

FIELD TIME			
Reference Procedure 2d 'MICN Recertification' (8 hours/with or without an ALS contact)			
ALS Agency Name	ALS Contact (Y/N)	Date	Hours
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SKILLS DAY			
Reference Procedure 2e for recertification (1 ICEMA approved Skills Day)			
Reference Procedure 2c 'MICN Inactive Status' (1 for every year of inactivation)			
CE Provider Name	CE Provider #	Date	Hours
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FIELD CARE AUDITS			
Reference Procedure 2f for recertification (6 hours FCA obtained in the ICEMA region)			
Reference Procedure 2d for inactive Status (4 hours in the ICEMA region for every year of inactivation)			
CE Provider Name	CE Provider #	Date	Hours
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PROTOCOL UPDATE CURRICULUM (PUC) CLASSES			
Reference Procedure 2g for recertification/Procedure 2e for inactive status (1 for every year of inactivation)			
(2 different ICEMA PUC classes. 1 Class per year/per 2-year cert period. Class curriculum changes every July)			
(Recertification applicants not meeting this requirement must successfully pass the ICEMA written examination)			
CE Provider Name	CE Provider #	Date	Hours
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REQUIREMENTS FOR MICN CERTIFICATION PROTOCOL 15401 EFFECTIVE 05/01/06**Continuous MICN Certification**

1. Possess a current California RN License and current ICEMA MICN certification.
2. Submit the appropriate completed ICEMA application with:
 - a. Written verification of employment at a designated Base Hospital within the ICEMA Region
 - b. Copy of front and back of a current, signed ACLS Card
 - c. Copy of front and back of current California RN License
 - d. Documentation of eight (8) hours of field time
 - e. Documentation of one (1) ICEMA approved Skills Day
 - f. Documentation of six (6) hours of field care audits obtained within the ICEMA region
 - g. Documentation of two (2) different ICEMA Protocol Update Curriculum classes (NOTE: This requirement will remain in effect until December 31, 2006. After that date the Annual Curriculum Class will replace the PUC.)
 - h. Continuous certification applicants not meeting this requirement must pay the ICEMA approved fee and successfully pass the ICEMA written examination with a score of 80%.
3. Current photo (within last 6 months) on file at ICEMA. Applicant may submit a driver's license size photo (no tinted glasses or hats) with their application.
4. If the certification has lapsed for more than one (1) year, the applicant must comply with the above Initial Certification Procedure.

Inactive MICN Certification

1. Maintain a current California RN License
2. Submit the appropriate completed ICEMA application with all of the following documentation every two (2) years of inactivation.
 - a. Copy of front and back of a current, signed ACLS Card.
 - b. Copy of front and back of current California RN License
 - c. Documentation of one (1) ICEMA approved Skills Day taken during each year of inactivation.
 - d. Documentation of four (4) hours of field care audits obtained within the ICEMA region for every year of inactivation.
 - e. Documentation of one (1) ICEMA Protocol Update Curriculum classes for each year of inactivation (This requirement will remain in effect until December 31, 2006. After that date the Annual Curriculum Class will replace the PUC.)

Return to Active MICN Status

1. Submit the appropriate ICEMA application with documentation of all inactive MICN Certification requirements and written verification of employment at a designated Base Hospital within the ICEMA Region.
2. Upon receipt of above documentation, and photo, the candidate will be scheduled for the ICEMA exam.
3. Upon passing the ICEMA Written Exam with a score of 80%, a provisional MICN card will be issued.
 - a. A candidate who fails to pass the ICEMA written exam on the first attempt will have to pay the ICEMA approved fee and re-take the exam with a score of 85%.
 - b. A candidate who fails to pass the ICEMA written exam on the second attempt will have to pay the ICEMA approved fee, and provide documentation of eight (8) hours of remedial training given by their PLN or Medical Director relating to ICEMA protocols, policies/procedures and pass the ICEMA exam with a score of 85%.
 - c. If the candidate fails to pass the ICEMA exam on the third attempt, the applicant will have to take and pass the ICEMA approved MICN course.
4. A provisional MICN may function under the direct supervision of either the Base Hospital MD, PLN, or ICEMA approved designee for a maximum of six (6) months. The supervising individual must sign all MICN call forms.
5. After obtaining a provisional MICN, the individual must complete eight (8) hours of field time
6. The PLN will choose three (3) tapes for review (one trauma, one medical and one other) and submit them to their partnered Base Hospital PLN for review.
7. When three (3) tapes meet ICEMA criteria, a MICN card will be issued with the same expiration date as the candidates RN license.
8. Failure to complete the entire process within one (1) year of application date constitutes failure of the entire process. The timeframe may be extended by the ICEMA Medical Director upon receipt of a request in writing from either the candidate or PLN outlining any extenuating circumstances.